Attorney Docket No.

BIRCH, STEWART, KOLASCH & BIRCH, LLP

3313-1041P

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

nsert Title:	DOUBLE FREQ	UENCY ANT	ENNA					
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	and amended of	on was filed on		as ; (if applicable)l and/or as PCT ; and was				
	International Application Number			and was				
	amended under PCT Article 19 on					(if ap	plicable)	
	amended by any an I acknowledge Regulations, \$1.56. I do not know	nendment referred the duty to disc and do not believe	to above. lose information which the same was ever kn	e contents of the above-ider ch is material to patentabil down or used in the United S in in any country before my blic use or on sale in the Unitented or made the subject inited States of America of conths for designs) prior to led in any country foreign	ity as defined in Tit	le 37, Coo	de of Federal	
	I hereby claim or inventor's certific	foreign priority bate listed below a	weive months (six me invention has been fintatives or assigns, exenentits under Title 35, and have also identified tion on which priority	United States Code, §119(a l below any foreign applicat	this application, and to the United States of his of any foreign a lion for patent or inve	of Americapplication	prication for a prior to this n(s) for patent difficate having	
	Prior Foreign Ap	plication(s)]	Priority (Claimed	
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nformation: if appropriate)	(Number)	(Country)		(Month/Day/Year I	Filed)	Yes	No	
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	` .	,		e, §119(e) of any United State		ations(s) li	sted below	
	i hereby claim the t	enem under The	33, Officer States Cour	e, 9117(c) of any office such	es provisional appace	iderib(e) ii		
nsert Provisional Application(s): if any)	(Application Numb	per)		(Filing Date)				
	(Application Number)			(Filing Date)				
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:							
	Country		Application Numb	er Date o	of Filing (Month/Day	/Year)	ethan one than one than one than one year the than one year the than one year the than one year the than one year than year. Year than year. Ye was year than year tha	
Insert Requested Information: (if appropriate)								
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s) listed below insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became avaletween the filing date of the prior application and the national or PCT international filing date of this application.							
Insert Prior U.S. Application(s): (if any)	(Application Num	ber)	(Filing Date)	(Statu	ıs - patented, pending	g, abandoi	ned)	
Page 1 of 2	(Application Num	ber)	(Filing Date)	(Statu	ıs - patented, pendinş	g, abandoi	ned)	

I hereby appoint the following attorneys to prosecute this application and/or an international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the attorneys identified below, unless the inventor(s) or assignee provides said attorneys with a written notice to the contrary:

Raymond C. Stewart	(Reg. No. 21,066)	Terrell C. Birch	(Reg. No. 19,382)
Joseph A. Kolasch	(Reg. No. 22,463)	James M. Slattery	(Reg. No. 28,380)
Bernard L. Sweeney	(Reg. No. 24,448)	Michael K. Mutter	(Reg. No. 29,680)
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Joe McKinney Muncy	(Reg. No. 32,334)	C. Joseph Faraci	(Reg. No. 32,350)
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Send Correspondence to:

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First or Sole Inventor:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
nsert Name of Inventor → Insert Date This Document is Signed	Po-Chao CHEN	Po-Chao Chen		2003/09/09				
Insert Residence Insert Citizenship →	Residence (City, State & Country)		CITIZENSHII					
	Taipei, Taiwan, R.O.C.	Taiwan, R.O.C.						
nsert Post Office Address →	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)							
	3-2 F, No. 25, Sec. 4, Hsin-I Rd., Taipei, Taiwan, R.O.C.							
Full Name of Second Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
	Residence (City, State & Country)	L	CITIZENSHII	2				
	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)							
full Name of Third Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
	Residence (City, State & Country)	1	CITIZENSHII	•				
	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)							
ull Name of Fourth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
	Residence (City, State & Country)	<u> </u>	CITIZENSHII	•				
	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)							
full Name of Fifth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
	Residence (City, State & Country)	1	CITIZENSHII					
	POST OFFICE ADDRESS (Complete Street Addr	ress including City, State & Country)						

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